DOCUMENT RESUME

ED 444 746 PS 028 842

AUTHOR	So, Dominicus
TITLE	Mixing Child Services with Spirituality: How Do the Two Interface To Help Children and Families Cope?
PUB DATE	2000-06-30
NOTE	11p.; Poster session presented at the Head Start National Research Conference (5th, Washington, DC, June 28-July 1, 2000).
PUB TYPE	Opinion Papers (120) -- Speeches/Meeting Papers (150)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	Family Programs; Family (Sociological Unit); *Religious Factors; *Social Services; *Social Workers; *Spirituality; Therapeutic Environment; Therapists; *Therapy; *Young Children
IDENTIFIERS	Spiritual Development

ABSTRACT

Social service programs for children and families have often distanced themselves from issues of religion and spirituality. However, in recent years, children's services and family therapy have gradually moved toward stronger emphases on ecosystemic influences, including those from organized religions. The overlapping and interacting roles of spirituality/religion and family therapy include a desire to foster a sense of perspective, give meaning to life, provide rituals, provide social support, structure society and set norms, give members an identity and heritage, facilitate positive change in individuals, protect members' welfare, and educate members. Religious parents and their children come into service agencies with a system of values, attitudes, beliefs, and behaviors prescribed by their religious orientation. One's religious/spiritual orientation may foster healthy or pathological behavioral patterns in children and families. Child services can help revitalize the family's spiritual energy and motivation, and search for and affirm the meanings of the family relationship. Child therapists and others can use therapeutic disclosure of spiritual self, incorporate the family's spiritual world view and metaphors, and reframe issues. When appropriate, explicitly religious/spiritual practices may be used. Religious/spiritual strategies can be contraindicated at times for ethical and legal reasons. When explicitly spiritual activities are not appropriate, child service providers can foster child and family's spiritual values of trust, patience, repentance, forgiveness, and acceptance. Service providers should be aware of one's religious/spiritual self and its limits, respect clients' religious authority, observe church-state boundaries, and avoid imposing religious values on clients and practicing beyond one's professional competence. (Contains 35 references.) (KB)

Reproductions supplied by EDRS are the best that can be made
from the original document.

Running head: CHILD SERVICES & SPIRITUALITY

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED 444 746

Mixing child services with spirituality:

How do the two interface to help children and families cope?

Dominicus So, Ph.D.[1]

Howard University

Dominicus So

2A

Poster session presented on June 30, 2000 at the Head Start's Fifth National Research Conference "Developmental and Contextual Transitions of Children and Families: Implications for Research, Police, and Practice," Washington, DC

PS 028842

[1] Author Note: Correspondence should be addressed to Dominicus W. So, Ph.D., Howard University, Department of Psychology, CB Powell Building, 525 Bryant Street, NW, Washington, DC 20059. Telephone: (202)806-9462. Fax: (202)806-4873. E-mail: <dso@fac.howard.edu>. This presentation is partly adapted from So, D. (2000). Spiritual and religious strategies in child-centered family therapy. In L. Berg-Cross (ed.), Basic concepts in family therapy (2nd ed) (pp. 511-531). Binghamton, NY: Haworth Press.

BEST COPY AVAILABLE

Abstract

Social service programs for children and families have often distanced themselves from issues of religion and spirituality. Yet, most Americans claim a belief in God and want their children to receive religious education. In some subcultures, the inclusion of religion and spirituality in working with families with children is particularly important. In recent years, children services and family therapy have gradually moved toward stronger emphases on ecosystemic influences, including those from organized religions. The overlapping and interacting roles of spirituality/religion and family therapy include a desire to foster a sense of perspective, to give meaning to life, to provide rituals, to provide social support, to structure society and set norms, to give members an identity and heritage, to facilitate positive change in individuals, to protect members' welfare, and to educate members.

Spirituality and religion have an impact on many areas of family life, services for children and their families, and child-centered family therapy. Religious parents and/or children come into service agencies with a system of values, attitudes, beliefs, and behavior prescribed by their religious orientation. Some religious values, attitudes, and behaviors include ideals about family life, marriage, parenthood, family purpose, family size, procreation, meaning of love and unity, boundary and inclusion, sexuality and intimacy, gender roles, division of labor, power and control, and the methods of raising and disciplining children. In short, one's religious/spiritual orientation may foster healthy or pathological behavioral patterns in children and families.

Many specific areas and skills to help the children and their family that involve spirituality are discussed. Child services can help revitalize the family's spiritual energy and

motivation, search and affirm the meanings of the family relationship. Child therapists and others can use therapeutic disclosure of spiritual self, incorporate the family's spiritual world view and metaphors, and spiritually reframe the issues of family boundaries, intimacy, power structures, regulations. When appropriate, explicitly religious/spiritual practices, such as prayers, scriptural readings, rituals, bibliotherapy, and spiritual correlation, may be used.

When explicitly spiritual activities are not appropriate or indicated, child service providers can foster child and family's spiritual virtues of trust, patience, repentance, forgiveness and acceptance, or use implicitly spiritual techniques, such as, guided imagery, gestalt techniques, empty chair technique, journals, and letter writing. Community and consultative work can include utilizing family's religious network, collaboration with the clergy, and prevention of child abuse and neglect, sexual transmitted diseases, and violence.

While religious/spiritual strategies can be contraindicated at times for ethical and legal reasons, ethical and professional dilemmas and guidelines should be considered at all times. Dual/multiple relationships should be avoided. Confidentiality and informed consent should be observed. Service providers should be aware of one's religious/spiritual self and its limits, respect clients' religious authority, observe church-state boundaries, and avoid imposing religious values on clients, and practicing beyond one's professional competence. Lastly, workers should fulfill their professional obligations to report child abuses and neglect, while sensitive to the need for acceptance and forgiveness.

Introduction

The modern professions of child/family services and psychotherapy have often distanced itself from issues of spirituality. Many providers continue to ignore spirituality and religious factors as an etiological and therapeutic element. Such alienation of child/family services from spiritual issues is largely historical. Fortunately, some child/family service providers readily look into other multi-systemic influences, and they challenge the practice of separating spiritual healing from lasting psychological changes.

Overlapping roles of spirituality and child-centered family therapy

1. to foster a sense of perspective
2. to give meaning to life
3. to provide rituals that transform and connect
4. to provide social support networks
5. to structure society and set ethical norms
6. to give an identity and heritage to its members
7. to support families
8. to facilitate positive change in individuals
9. to look out for the physical and emotional welfare of its members
10. to educate its members

(Stander, Piercy, MacKinnon, and Helmeke, 1994, p. 29)

Benefits of organized religious institutions in the life of families with children

1. Enhancement of the family's social support network
2. Sponsorship of family activities and recreation

3. Promotion of supportive family teachings & values
4. Provision of family social and welfare services
5. Encouragement of families to seek spiritual assistance with personal and family problems

(Abbot, Berry, & Meridith, 1990)

Contra-indications

Spiritual strategies are not a good idea when:

1. any family members do not desire the use or discussion of spiritual issues
2. history of religious abuse; overly-punitive approach to religious participation, education, and moral and sexual education.
3. aversive emotional reactions, such as fear, anger, or hatred, to the power structure of some religious institutions
4. When a family member is apparently delusional or psychotic, there is a danger of letting him/her go off to the tangential

Spiritual Strategies for Treatment & Prevention

1. Revitalize spiritual energy
2. Search/affirm meanings of family relationships
3. Disclose spiritual self
4. Spiritual reframing
5. Use spiritual worldview/metaphor
6. Redefine boundaries, intimacy, power, and regulations
7. Encourage spiritual practice
8. Practice implicitly spiritual virtues
9. Use implicitly spiritual techniques

10. Use family's religious network
11. Consult with spiritual leaders
12. Prevent child abuse

Ethical & Professional Dilemmas & Guidelines

1. Dual Relationship
2. Confidentiality
3. Informed Consent
4. Avoid Imposing religious values on clients
5. Awareness of one's religious/spiritual self and its limits
6. Respect clients' religious authority
7. Observing work setting (church-state) boundaries
8. Practicing within the boundaries of professional competence
9. Forgiveness and reporting of abuse

Bibliography

Abbott, D.A. Berrry, M. & Meredith, W.H. (1990). Religious belief and Practice: A potential asset in helping families. Family Relations, 39, 443-448.

Bergin, A. (1991). Values and religious issues in psychotherapy and mental health. American Psychologist, 46, 394-403.

Bergin, A.E.& Jensen, J.P. (1990). Religiosity of psychotherapists: A national survey. Psychotherapy, 27, 2-7.

Boyd-Franklin, N. (1989). Religion, spirituality, and the treatment of black families. In N. Boyd-Franklin (ed.), Black families in therapy: A multisystems approach (pp.78-91). New York: Guilford.

Brigman, K. (1984). Churches helping families: A study of the effects of religion on families and how churches can help strengthen families. Family Perspectives, 18, 77-84.

Donahue, M.J. & Benson, P.L. (1995). Religion and the well-being of adolescents. Journal of Social Issues, 51(2), 145-160.

Fowler, J.W. (1996). Pluralism and oneness in religious experience: William James, faith-development theory, and clinical practice. In E.P. Shafranske (Ed.), Religion and the clinical practice of psychology (pp. 165-186). Washington, DC: American Psychological Association.

Gallup, G.H. (1993). Religion in America: 1992-1993. Princeton, NJ: The Gallup Organization.

Gallup, G., Jr., & Castelli, J. (1989). The people's religion. New York: Macmillan.

Genia, V. (1990). Religious development: A synthesis and reformulation. Journal of Religion and Health, 29, 85-99.

Genia, V. (1991). The Spiritual Experience Index: A measure of spiritual maturity. Journal of Religion and Health, 30, 337-347.

Giblin, P. (1993). Marital conflict and marital spirituality. In R. Wicks & R. Parsons (Eds.), Clinical handbook of pastoral counseling: Vol. 2 (pp. 237-241). New York: Paulist Press.

Griffith, J.L. (1986). Employing the God-family relationship in therapy with religious families. Family Process, 25, 609-618.

Hathaway, W.L., & Pargment, K.I. (1991). The religious dimension of coping: Implications for prevention and promotion. In K.I. Pargament, K.I. Maton, & R.E. Hess (Eds.), Religion and prevention in mental health: Conceptual and empirical foundations (pp. 65-92). New York: Haworth Press.

Hopson, R.E. (1996). The 12-step program. In E.P. Shafranske (Ed.), Religion and the clinical practice of psychology (pp. 533-559). Washington, DC: American Psychological Association.

Jones, S.L. (1996). A constructive relationship for religion with the science and profession of psychology: perhaps the boldest model yet. In E.P. Shafranske (Ed.), Religion and the clinical practice of psychology (pp. 113-147). Washington, DC: American Psychological Association.

Kudlac, K.E. (1991). Including God in the conversation: The influence of religious beliefs on the problem-organized system. Family Therapy, 18(3), 277-285.

Mahrer, A.R. (1996). Existential-humanistic psychotherapy and the religious person. In E.P. Shafranske (Ed.), Religion and the clinical practice of psychology (pp. 433-460). Washington, DC: American Psychological Association.

Nakhaima, J.M. & Dicks, B.H. (1995). Social work practice with religious families. Families In Society: The Journal of Contemporary Human Services, 76(6), 360-368.

Pruyser, P. (1976). The minister as diagnostician. Philadelphia,: Westminister Press.

Prest, L.A. & Keller, J.F. (1993). Spirituality and family therapy: Spiritual beliefs, myths, and metaphors. Journal of Marital and Family Therapy, 19(2), 137-148.

Propst, L.E. (1996). Cognitive-behavioral therapy and the religious person. In E.P. Shafranske (Ed.), Religion and the clinical practice of psychology (pp. 391-407). Washington, DC: American Psychological Association.

Richards, P.S. & Bergin, A.E. (1997). A spiritual strategy for counseling and psychotherapy. Washington, DC: American Psychological Association.

Rizzuto, A. (1996). Psychoanalytic treatment and the religious person. In E.P. Shafranske (Ed.), Religion and the clinical practice of psychology (pp. 409-431). Washington, DC: American Psychological Association.

Salinger, R.J. (1987). Family therapy: Overview. In D.G. Benner (Ed.), Psychotherapy in Christian perspective (pp. 298-304). Grand Rapids, MI: Baker Book House.

Shafranske, E.P. (1992). Religion and mental health in early life. In J.F. Schumaker (Ed.), Religion and mental health (pp. 163-176). New York: Oxford University Press.

Shafranske, E.P. (Ed.). (1996). Religion and the clinical practice of psychology. Washington, DC: American Psychological Association.

Shafranske, E.P. & Malony, H.N. (1996). Religion and the clinical practice of psychology: A case of inclusion. In E.P. Shafranske (Ed.), Religion and the clinical practice of psychology (pp. 561-586). Washington, DC: American Psychological Association.

Schumaker, J.F. (Ed.). (1992). Religion and mental health. Oxford, England: Oxford University Press.

So, D. (2000). Spiritual and religious strategies in child-centered family therapy. In L. Berg-Cross (ed.), Basic concepts in family therapy (2nd ed) (pp. 511-531). Binghamton, NY: Haworth Press.

Sperry, L. & Giblin, P. (1996). Marital and family therapy with religious persons. In E.P. Shafranske (Ed.), Religion and the clinical practice of psychology (pp. 511-532). Washington, DC: American Psychological Association.

Stander, V., Piercy, F., MacKinnon, D., & Helmeke, K. (1994). Spirituality, religion and family therapy: Competing or complementary worlds? American Journal of Family Therapy, 22(1), 27-41.

Weaver, A.J., Koenig, H.G., & Larson, D.B. (1997). Marriage and family therapists and the clergy: A need for clinical collaboration, training, and research. Journal of Marital and Family Therapy, 23(1), 13-25.

Weber, T.T., & Wynn, J.C. (1986) Consultation with the clergy: A systems approach. In L.C. Wynn, S.H. McDaniel, & T.T. Weber (eds.), Systems consultations : A new perspective for family therapy (pp. 320-341). New York: Guilford.